

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 325
(A-22)

Introduced by: Medical Student Section

Subject: Single Licensing Exam Series for Osteopathic and Allopathic Medical Students

Referred to: Reference Committee C

1 Whereas, The Comprehensive Osteopathic Medical Licensing Examination (COMLEX) USA is a
2 licensing exam series that is currently required by the Commission on Osteopathic College
3 Accreditation (COCA) to be taken by all osteopathic medical students in order to graduate from
4 a COCA-accredited medical school¹; and
5

6 Whereas, The United States Medical Licensing Examination (USMLE) is a licensing exam
7 series that is currently taken by all allopathic medical students and some osteopathic medical
8 students²; and
9

10 Whereas, In 1997, 363 osteopathic medical student first-time test takers completed USMLE
11 Step 1 and Step 2 Clinical Knowledge (CK) and by 2020, that number had increased more than
12 23-fold, significantly outpacing the 3-fold growth in osteopathic medical school enrollment, so
13 that in 2020 70% of the first-time test-taking osteopathic students who took COMLEX Level 1
14 also took USMLE Step 1^{2,3,4}; and
15

16 Whereas, The growing trend of osteopathic students choosing to take the USMLE series in
17 addition to the COMLEX USA series further exacerbates the osteopathic medical student debt
18 burden, adding an approximate total of \$6,131,840 in additional examination fees for
19 osteopathic test takers during 2019-2020^{2,5}; and
20

21 Whereas, An increasing number of osteopathic medical schools have mandated students to
22 complete the USMLE and COMLEX USA series prior to graduation, despite evidence that a
23 minimal number of licensing examinations already significantly increase rates of stress, anxiety,
24 and depression amongst medical students⁶; and
25

26 Whereas, Two high-stakes licensing examinations establishing the same competency create
27 redundancy, as evident by strong correlation between USMLE Step 1 and Step 2 and respective
28 COMLEX Level 1 and 2 scores for residency applicants^{7,8,9}; and
29

30 Whereas, Although USMLE Step 1 and the COMLEX USA Level 1 will change to a pass/fail
31 scoring system by 2022, the USMLE Step 2 CK will remain a scored exam¹⁰; and
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33 Whereas, In 2014, the American Osteopathic Association (AOA), American Association of
34 Colleges of Osteopathic Medicine (AACOM), and the Accreditation Council of Graduate Medical
35 Education (ACGME) agreed to transition to a single accreditation system to increase
36 collaboration among the medical education community, reduce costs and increase efficiency,
37 and provide consistency¹¹; and
38

1 Whereas, The AOA has recognized the importance of modernizing board certification exams,
2 and are offering a new pathway of board certification that does not include and/or require
3 Osteopathic Manipulative Treatment (OMT), emphasizing the similarities between the allopathic
4 and osteopathic professions¹²; and
5

6 Whereas, Although the AMA has adopted policy H-295.876, *Equal Fees for Osteopathic and*
7 *Allopathic Medical Students*, which is currently being enacted by the AMA Council of Medical
8 Education, there is evidence that ACGME programs have and continue to discriminate against
9 osteopathic medical students who did not to take the USMLE series when selecting candidates
10 for away rotations and residencies^{13,14}; and
11

12 Whereas, Nearly 20% of ACGME program directors do not utilize the COMLEX USA series and
13 require the USMLE series as part of the residency selection process, putting osteopathic
14 medical students who elect not take USMLE series at a significant disadvantage^{11,13}; and
15

16 Whereas, Many ACGME program directors, and a majority of program directors in certain
17 specialties such as emergency medicine, consider it to be important for osteopathic students to
18 apply with USMLE series scores, and that in these specialties, osteopathic students who take
19 the USMLE series have a 20% better match rate^{13,15}; and
20

21 Whereas, Despite previously-enacted advocacy efforts regarding AMA resolution H-275.013,
22 *The Grading Policy for Medical Licensure Examination*, calling for equal recognition of the
23 COMLEX USA and USMLE series as licensing exams, recent data shows that 54% of VSAS
24 participating institutions require USMLE Step 1 scores for away rotations¹³; and
25

26 Whereas, The National Student Osteopathic Medical Association (SOMA) adopted resolution S-
27 20-30, *Single Licensing Exam*, encouraging the National Board of Osteopathic Medical
28 Examiners (NBOME), National Board of Medical Examiners (NBME), and Federation of State
29 Medical Boards (FSMB) to develop a single licensing examination series for all medical students
30 with an additional osteopathic specific subject test for osteopathic medical students^{16,17}; and
31

32 Whereas, Although the Coalition for Physician Accountability's Undergraduate Medical
33 Education-Graduate Medical Education Review Committee offered the solutions of standardized
34 score conversion between USMLE and the COMLEX-USA series, historically program directors
35 have required USMLE scores despite the long standing availability of COMLEX percentile
36 converters by the NBOME^{18,19}; and
37

38 Whereas, SOMA has advocated to the COCA to adjust their continuing accreditation standards
39 such that Element 6.12 no longer requires the COMLEX USA series to be passed prior to
40 graduation from an Osteopathic medical school, rather Osteopathic medical students must pass
41 a new single licensing exam developed by the NBOME, FSMB, and NBME²⁰; therefore be it,
42

43 RESOLVED, That our AMA encourage the development of a single licensing examination series
44 for all medical students attending a medical school accredited by the Liaison Committee on
45 Medical Education (LCME) or the Commission on Osteopathic College Accreditation (COCA),
46 with a separate, additional osteopathic-specific subject test for osteopathic medical students.
47 (Directive to Take Action)

Fiscal Note: Not yet determined

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References:

1. American Osteopathic Association. (2020). Commission on Osteopathic College Accreditation (Element 6.12). <https://osteopathic.org/wp-content/uploads/2018/02/com-continuing-accreditation-standards.pdf>
2. USMLE.org. (2020). Performance Data. Retrieved September 15, 2021, from <https://www.usmle.org/performance-data/>
3. NBOME.org. (2020). COMLEX-USA Examination Performance Data. Retrieved on September 15, 2021, from <https://www.nbome.org/assessments/comlex-usa/performance/>
4. American Association of Colleges of Osteopathic Medicine. (2020). AACOM Reports on Student Enrollment. Retrieved from <https://www.aacom.org/reports-programs-initiatives/aacom-reports/matriculants>
5. USMLE.org. (2020). Exam Fees. Retrieved September 15, 2021, from <http://www.nbme.org/examinees/united-states-medical-licensing-exam-usmle#exam-fees>
6. Slavin, S. J., Schindler, D. L., & Chibnall, J. T. (2014). Medical student mental health 3.0: improving student wellness through curricular changes. *Academic medicine : journal of the Association of American Medical Colleges*, 89(4), 573–577. <https://doi.org/10.1097/ACM.000000000000166>
7. Kane, K. E., Yenser, D., Weaver, K. R., Barr, G. C., Jr, Goyke, T. E., Quinn, S. M., Worrirow, C. C., Burckhart, A. J., Leonetti, A. L., Yoshioka, I. E., Dusza, S. W., & Kane, B. G. (2017). Correlation Between United States Medical Licensing Examination and Comprehensive Osteopathic Medical Licensing Examination Scores for Applicants to a Dually Approved Emergency Medicine Residency. *The Journal of emergency medicine*, 52(2), 216–222. <https://doi.org/10.1016/j.jemermed.2016.06.060>
8. Chick, D. A., Friedman, H. P., Young, V. B., & Solomon, D. (2010). Relationship between COMLEX and USMLE scores among osteopathic medical students who take both examinations. *Teaching and learning in medicine*, 22(1), 3–7. <https://doi.org/10.1080/10401330903445422>
9. Russman, Caryn R. DO; Jiang, Xuezhi MD; Chervanick, Terri MBA; Schnatz, Peter F. DO The Correlation of COMLEX and USMLE Scores Among Osteopathic Applicants to Obstetrics and Gynecology Residency?, *Obstetrics & Gynecology*: October 2015 - Volume 126. https://journals.lww.com/greenjournal/abstract/2015/10001/the_correlation_of_comlex_and_usmle_scores_among.37.aspx
10. USMLE.org. (2019). Change to Pass/Fail for Report of Step 1. Retrieved September 15, 2021, from <https://www.usmle.org/incus/>
11. ACGME.org. (2021). Benefits of Single GME. Retrieved on September 15, 2021 from <https://acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System/Benefits-of-Single-GME/>
12. Certification. Osteopathic.org. (2021). I'm a DO but don't do OMT regularly. What certification options are available for me?. Retrieved on September 15, 2021, from <https://certification.osteopathic.org/faqs/>
13. The Osteopathic Emergency Medicine Applying Guide. (2020). Cordem.org. Retrieved on September 15th, 2021 from <https://www.cordem.org/globalassets/files/committees/student-advising/2020-updates/asc-em-osteopathic-student.pdf>
14. Expanding the Visiting Students Application Service for Visiting Student Electives in the Fourth Year. 295.147MSS. American Medical Association Medical Student Section Policy Database.
15. American Osteopathic Association. Frequently Asked Questions (2020). Retrieved March 5th, 2020 from <https://certification.osteopathic.org/faqs/>
16. Student Osteopathic Medical Association (2020). Single Licensing Exam. Retrieved on September 15th, 2021 from <http://policysearch.wpengine.com/wp-content/uploads/S-20-30-SINGLE-LICENSING-EXAM.pdf>
17. Student Osteopathic Medical Association. Resolution: S-20-30: ELIMINATION OF THE COMLEX USA. Accessed on May 5, 2022, from <https://studentdo.org/forums/topic/resolution-s-20-30-elimination-of-the-comlex-usa/>
18. The Coalition for Physician Accountability's Undergraduate Medical Education-Graduate Medical Education Review Committee (UGRC). Recommendations for Comprehensive Improvement of the UME-GME Transition. Published August 26, 2021. Accessed May 5, 2022 from <https://physicianaccountability.org/wp-content/uploads/2021/08/UGRC-Coalition-Report-FINAL.pdf>
19. Coalition for Physician Accountability. Coalition for Physician Accountability Accepts Report and Recommendations from UME-to-GME Review Committee. Published August 26, 2021. Accessed May 5, 2022 from <https://physicianaccountability.org/wp-content/uploads/2021/08/UGRC-Submits-Final-Report-and-Recommendations.pdf>
20. Commission on Osteopathic College Accreditation (COCA). Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards. Revised February 27, 2020. Accessed May 5, 2022 from <https://osteopathic.org/wp-content/uploads/2018/02/com-continuing-accreditation-standards.pdf>

RELEVANT AMA POLICY

Proposed Single Examination for Licensure H-275.962

Our AMA: (1) endorses the concept of a single examination for medical licensure; (2) urges the NBME and the FSMB to place responsibility for developing Steps I and II of the new single examination for licensure with the faculty of U.S. medical schools working through the NBME; (3) continues its vigorous support of the LCME and its accreditation of medical schools and supports monitoring the impact of a single examination on the effectiveness of the LCME; (4) urges the NBME and the FSMB to establish a high standard for passing the examination; (5) strongly recommends and supports actively pursuing efforts to assure that the standard for passing be criterion-based; that is, that passing the examination indicate a degree of knowledge acceptable for practicing medicine; and (6) will work with the appropriate stakeholders to study the advantages, disadvantages, and practicality of combining the USMLE Step 1 and Step 2 CK exams into a single licensure exam measuring both foundational science and clinical knowledge competencies.

CME Rep. B, I-89; Reaffirmed: Sunset Report, A-00; Modified: CME Rep. 2, A-10; Reaffirmed: BOT Rep. 3, I-14; Appended: Res. 309, A-17

Equal Fees for Osteopathic and Allopathic Medical Students H-295.876

1. Our AMA, in collaboration with the American Osteopathic Association, discourages discrimination against medical students by institutions and programs based on osteopathic or allopathic training.
2. Our AMA encourages equitable access to and equitable fees for clinical electives for allopathic and osteopathic medical students.
3. Our AMA will work with relevant stakeholders to explore reasons behind application barriers that result in discrimination against osteopathic medical students when applying to elective visiting clinical rotations, and generate a report with the findings by the 2020 Interim Meeting.
4. Our AMA: (a) encourages the Association of American Medical Colleges to request that its member institutions promote equitable access to clinical electives for allopathic and osteopathic medical students and charge equitable fees to visiting allopathic and osteopathic medical students; and (b) encourages the Accreditation Council for Graduate Medical Education to require its accredited programs to work with their respective affiliated institutions to ensure equitable access to clinical electives for allopathic and osteopathic medical students and charge equitable fees to visiting allopathic and osteopathic medical students.

Res. 809, I-05; Appended: CME Rep. 6, A-07; Modified: CCB/CLRPD Rep. 2, A-14; Appended: Res. 303, I-19; Modified: CME Rep. 5, I-21

National Resident Matching Program Reform D-310.977

Our AMA:

(1) will work with the National Resident Matching Program to develop and distribute educational programs to better inform applicants about the NRMP matching process;
(2) will actively participate in the evaluation of, and provide timely comments about, all proposals to modify the NRMP Match;
(3) will request that the NRMP explore the possibility of including the Osteopathic Match in the NRMP Match;
(4) will continue to review the NRMP's policies and procedures and make recommendations for improvements as the need arises;
(5) will work with the Accreditation Council for Graduate Medical Education and other appropriate agencies to assure that the terms of employment for resident physicians are fair and equitable and reflect the unique and extensive amount of education and experience acquired by physicians;
(6) does not support the current the "All-In" policy for the Main Residency Match to the extent that it eliminates flexibility within the match process;
(7) will work with the NRMP, and other residency match programs, in revising Match policy, including the secondary match or scramble process to create more standardized rules for all candidates including application timelines and requirements;
(8) will work with the NRMP and other external bodies to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicant;
(9) encourages the National Resident Matching Program to study and publish the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas;
(10) will work with the National Resident Matching Program (NRMP) and Accreditation Council for Graduate Medical Education (ACGME) to evaluate the challenges in moving from a time-based education framework toward a competency-based system, including: a) analysis of time-based implications of the ACGME milestones for residency programs; b) the impact on the NRMP and entry into residency programs if medical education programs offer variable time lengths based on acquisition of competencies; c) the impact on financial aid for medical students with variable time lengths of medical education programs; d) the implications for interprofessional education and rewarding teamwork; and e) the implications for residents and students who achieve milestones earlier or later than their peers;

(11) will work with the Association of American Medical Colleges (AAMC), American Osteopathic Association (AOA), American Association of Colleges of Osteopathic Medicine (AACOM), and National Resident Matching Program (NRMP) to evaluate the current available data or propose new studies that would help us learn how many students graduating from US medical schools each year do not enter into a US residency program; how many never enter into a US residency program; whether there is disproportionate impact on individuals of minority racial and ethnic groups; and what careers are pursued by those with an MD or DO degree who do not enter residency programs;

(12) will work with the AAMC, AOA, AACOM and appropriate licensing boards to study whether US medical school graduates and international medical graduates who do not enter residency programs may be able to serve unmet national health care needs;

(13) will work with the AAMC, AOA, AACOM and the NRMP to evaluate the feasibility of a national tracking system for US medical students who do not initially match into a categorical residency program;

(14) will discuss with the National Resident Matching Program, Association of American Medical Colleges, American Osteopathic Association, Liaison Committee on Medical Education, Accreditation Council for Graduate Medical Education, and other interested bodies potential pathways for reengagement in medicine following an unsuccessful match and report back on the results of those discussions;

(15) encourages the Association of American Medical Colleges to work with U.S. medical schools to identify best practices, including career counseling, used by medical schools to facilitate successful matches for medical school seniors, and reduce the number who do not match;

(16) supports the movement toward a unified and standardized residency application and match system for all non-military residencies; and

(17) encourages the Educational Commission for Foreign Medical Graduates (ECFMG) and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Resident Matching Program and are therefore unable to get a residency or practice medicine.

CME Rep. 4, A-05; Appended: Res. 330, A-11; Appended: Res. 920, I-11; Appended: Res. 311, A-14; Appended: Res. 312, A-14; Appended: Res. 304, A-15; Appended: CME Rep. 03, A-16; Reaffirmation: A-16; Appended: CME Rep. 06, A-17; Appended: Res. 306, A-17; Modified: Speakers Rep. 01, A-17; Appended: CME Rep. 3, A-21

Alternatives to the Federation of State Medical Boards Recommendations on Licensure H-275.934

Our AMA adopts the following principles: (1) Ideally, all medical students should successfully complete Steps 1 and 2 of the United States Medical Licensing Examination (USMLE) or Levels 1 and 2 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX USA) prior to entry into residency training. At a minimum, individuals entering residency training must have successfully completed Step 1 of the USMLE or Level 1 of COMLEX USA. There should be provision made for students who have not completed Step 2 of the USMLE or Level 2 of the COMLEX USA to do so during the first year of residency training. (2) All applicants for full and unrestricted licensure, whether graduates of U.S. medical schools or international medical graduates, must have completed one year of accredited graduate medical education (GME) in the U.S., have passed all licensing examinations (USMLE or COMLEX USA), and must be certified by their residency program director as ready to advance to the next year of GME and to obtain a full and unrestricted license to practice medicine. The candidate for licensure should have had education that provided exposure to general medical content. (3) There should be a training permit/educational license for all resident physicians who do not yet have a full and unrestricted license to practice medicine. To be eligible for an initial training permit/educational license, the resident must have completed Step 1 of the USMLE or Level 1 of COMLEX USA. (4) Residency program directors shall report only those actions to state medical licensing boards that are reported for all licensed physicians. (5) Residency program directors should receive training to ensure that they understand the process for taking disciplinary action against resident physicians, and are aware of procedures for dismissal of residents and for due process. This requirement for residency program directors should be enforced through Accreditation Council for Graduate Medical Education accreditation requirements. (6) There should be no reporting of actions against medical students to state medical licensing boards. (7) Medical schools are responsible for identifying and remediating and/or disciplining medical student unprofessional behavior, problems with substance abuse, and other behavioral problems, as well as gaps in student knowledge and skills. (8) The Dean's Letter of Evaluation should be strengthened and standardized, to serve as a better source of information to residency programs about applicants.

CME Rep. 8, A-99; Reaffirmed: CME Rep. 4, I-01; Reaffirmed: CME Rep. 2, A-11; Modified: CME Rep. 2, A-12; Modified: CME Rep. 2, A-21

Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for Expedited Action by the American Medical Association D-275.950

Our AMA: (1) will take immediate, expedited action to encourage the National Board of Medical Examiners (NBME), Federation of State Medical Boards (FSMB), and National Board of Osteopathic Medical Examiners (NBOME) to eliminate centralized clinical skills examinations used as a part of state licensure, including the USMLE Step 2 Clinical Skills Exam and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2 - Performance Evaluation Exam; (2) in collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG), will advocate for an equivalent, equitable, and timely pathway for international medical graduates to demonstrate clinical skills competency; (3) strongly encourages all state delegations in the AMA House of Delegates and other interested member organizations of the AMA to engage their respective state medical

licensing boards, the Federation of State Medical Boards, their medical schools and other interested credentialing bodies to encourage the elimination of these centralized, costly, and low-value exams; and (4) will advocate that any replacement examination mechanisms be instituted immediately in lieu of resuming existing USMLE Step 2-CS and COMLEX Level 2-PE examinations when the COVID-19 restrictions subside.

Res. 306, I-20

The Grading Policy for Medical Licensure Examinations H-275.953

1. Our AMA's representatives to the ACGME are instructed to promote the principle that selection of residents should be based on a broad variety of evaluative criteria, and to propose that the ACGME General Requirements state clearly that residency program directors must not use NBME or USMLE ranked passing scores as a screening criterion for residency selection.
2. Our AMA adopts the following policy on NBME or USMLE examination scoring: (a) Students receive "pass/fail" scores as soon as they are available. (If students fail the examinations, they may request their numerical scores immediately.) (b) Numerical scores are reported to the state licensing authorities upon request by the applicant for licensure. At this time, the applicant may request a copy of his or her numerical scores. (c) Scores are reported in pass/fail format for each student to the medical school. The school also receives a frequency distribution of numerical scores for the aggregate of their students.
3. Our AMA will co-convene the appropriate stakeholders to study possible mechanisms for transitioning scoring of the USMLE and COMLEX exams to a Pass/Fail system in order to avoid the inappropriate use of USMLE and COMLEX scores for screening residency applicants while still affording program directors adequate information to meaningfully and efficiently assess medical student applications, and that the recommendations of this study be made available by the 2019 Interim Meeting of the AMA House of Delegates.
4. Our AMA will: (a) promote equal acceptance of the USMLE and COMLEX at all United States residency programs; (b) work with appropriate stakeholders including but not limited to the National Board of Medical Examiners, Association of American Medical Colleges, National Board of Osteopathic Medical Examiners, Accreditation Council for Graduate Medical Education and American Osteopathic Association to educate Residency Program Directors on how to interpret and use COMLEX scores; and (c) work with Residency Program Directors to promote higher COMLEX utilization with residency program matches in light of the new single accreditation system.
5. Our AMA will work with appropriate stakeholders to release guidance for residency and fellowship program directors on equitably comparing students who received 3-digit United States Medical Licensing Examination Step 1 or Comprehensive Osteopathic Medical Licensing Examination of the United States Level 1 scores and students who received Pass/Fail scores.

CME Rep. G, I-90; Reaffirmed by Res. 310, A-98; Reaffirmed: CME Rep. 3, A-04; Reaffirmed: CME Rep. 2, A-14; Appended: Res. 309, A-17; Modified: Res. 318, A-18; Appended: Res. 955, I-18; Appended: Res. 301, I-21